

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012370  
STATE FILE NUMBER

402

FILED APR 27 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Buchanan County Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph Missouri</b>		c. CITY OR TOWN <b>Grant City Missouri</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri Methodist 7 days</b>		d. STREET ADDRESS (If outside, give location) <b>705 South Main St.</b>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Ezekiel Houston Goff</b>			4. DATE OF DEATH Month Day Year <b>April 7 1959</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>December-16-1866</b>	9. AGE (In years last birthday) <b>92</b>	IF UNDER 1 YEAR Months Days <b>3 II</b>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>farmer</b>	11. BIRTHPLACE (City and state or country) <b>Worth County Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Lisbon Goff</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Emerson</b>	14. NAME OF HUSBAND OR WIFE <b>Dora Goff</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Gordon Goff Grant City Missouri</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Valvular of Colon</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) <b>Ally for peripheral arteriosclerosis with gangrene right foot</b>		<b>6 weeks</b>
	DUE TO (c) <b>Old cerebral thrombosis with embolus</b>		<b>since February 1959</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>5700</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at <b>4-1-59 1:45 P.</b> to <b>4-7-59</b> and last saw her/him alive on <b>4-7-59</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Lucien W. Ide M.D.</b>	22b. ADDRESS <b>902 Edmond St. Joseph, Mo.</b>	22c. DATE SIGNED <b>4-18-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>April-11-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Honey Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Grant City Missouri</b>
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24. FUNERAL DIRECTOR <b>John Anderson Grant City Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>April 22, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>
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(Licensed Embalmer - Statement on Reverse Side)

300  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. Lucien W. Ide

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by John Andrews, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed John Andrews :  
Licensed Embalmer No. 4211.....  
P. O. Address Grant City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.